

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/538109
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/													51	
2		/		/												52	
3		/		/												53	
4		/		/												54	
5		/		/												55	
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48																98	
49																99	
50																100	
TOTAL IND.			↓	1		↓				↓							
TOTAL DEP.			←	8		←				←							
TOTAL CLAIMS				9													